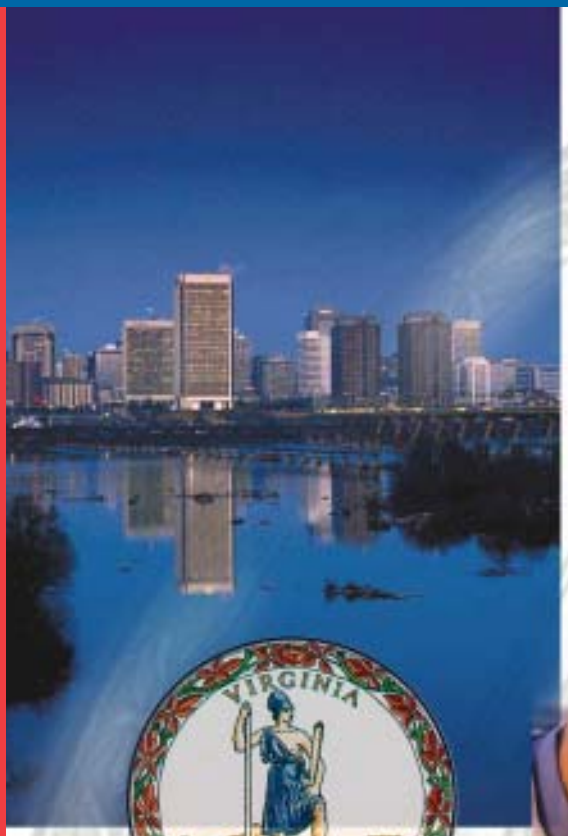
delmarva foundation



Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

UNICARE Health Plan of Virginia

Annual Report 2005

We don't provide healthcare... we make it better.

UNICARE Health Plan of Virginia Annual Report

Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. The intent of the Medallion II program is to improve access to care, promote disease prevention, ensure quality care, and reduce Medicaid expenditures. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 (BBA) and federal EQRO regulations, Delmarva has conducted a comprehensive review of UNICARE Health Plan of Virginia (UNICARE) to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality,** stated in the federal regulations as it pertains to external quality review, is "the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review," 2003).

- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization's member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines," 2003).

- **Timeliness,** as it relates to utilization management decisions, is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines," 2003). An additional definition

of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care," 2001).

This annual report provides an evaluation of data sources reviewed by Delmarva as the EQRO to assess the progress that Medallion II managed care plans have made in fulfilling the goals of DMAS. This annual report is a mandated activity in the Medallion II contract and the BBA External Quality Review regulations.

Although Delmarva's task is to assess how well UNICARE performs in the areas of quality, access, and timeliness from Health Employer Data and Information Set (HEDIS®[1]) performance, performance improvement projects, and operational systems review perspective, it is important to note the interdependence of quality, access, and timeliness. Therefore, a measure or attribute identified in one of the categories of quality, access, or timeliness also may be noted under either of the two other areas.

Quality, access, and timeliness of care are expectations for all persons enrolled in the Medallion II managed care program. Ascertaining whether health plans have met the intent of the BBA and state requirements is a major goal of this report.

Background on Plan

UNICARE provides managed care services to Medallion II enrollees in various localities throughout the state of Virginia. Enrollment in 2004 for UNICARE health plan was 56,724 members. Localities covered by UNICARE are Northern Virginia and Charlottesville regions. UNICARE began providing services to Medallion II enrollees in December 2001 and is a new NCQA-accredited health plan.

Data Sources

Delmarva has used the following three data sources to evaluate UNICARE's performance:

- HEDIS performance measures, which are a nationally recognized set of performance measures developed by NCQA. These measures are used by health care purchasers to assess the quality and timeliness of care and service delivery to members of managed care delivery systems.
- Summaries of plan-conducted Performance Improvement Projects (PIPs).
- Operational systems review, consisting of a desk review conducted by Delmarva as the EQRO to reassess deficient elements from the previous year's onsite review for compliance with contract requirements and state regulations.

[1] Hedis® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Methodology

Delmarva performed an external independent review of all data from the above-listed sources. The EQRO has assessed quality, access, and timeliness across the three data disciplines. After discussion of this integrated review, Delmarva will provide an assessment to DMAS regarding how well the health plan is providing quality care and services to its members.

Health plan HEDIS results are audited by NCQA-licensed organizations. The HEDIS data in this report have been audited by MedStat through Delmarva. The BBA requires that performance measures be validated in a manner consistent with the External Quality Review protocol *Validating Performance Measures*. Each audit was conducted as prescribed by NCQA's *HEDIS 2005, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method required by the EQRO protocols. NCQA protocols are used to capture and compute HEDIS results. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans[2].

During the HEDIS 2005 reporting year, UNICARE collected data from calendar year 2004 related to the following clinical indicators as an assessment of quality, access, and timeliness:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Prenatal and Postpartum Care
- HEDIS/CAHPS 3.0H Adult Survey
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visit

PIPs also are used to assess the health plan's focus on quality, access, and timeliness of care and services. Although the PIPs address clinical issues, barrier analysis often leads to the identification of issues regarding access or timeliness as major contributing factors that affect the attainment of the clinical quality goals. UNICARE submitted two PIPs for review. Delmarva reviewed the health plan's PIPs, assessed compliance with DMAS contractual requirements, and validated the activity for interventions as well as evidence of improvement. The PIP topics were as follows:

- Improving Asthma Control
- Improving Diabetes Control

The UNICARE Operational Systems Review covered activities performed during the time frame of Jan. 1, 2004 through December 31, 2004 and focused on elements which were found to be deficient (elements

[2]NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

partially met or not met) in the previous years' onsite review. The purpose is to identify, validate, quantify, and monitor problem areas in the overall quality assurance program. The review incorporated regulations set forth under the final rule of the BBA that became effective on August 13, 2002. The BBA is the comprehensive revision to federal statutes governing all aspects of Medicaid managed care programs as set forth in Section 1932 of the Social Security Act and Title 42 of the *Code of Federal Regulations* (CFR), part 438 *et seq*. In support of these regulations and health plan contractual requirements, Delmarva evaluated and then assessed compliance for the following systems:

- Enrollee Rights and Protections—Subpart C Regulation
- Quality Assessment and Performance Improvement—Subpart D Regulation
  - Access Standards
  - Structure and Operation Standards
  - Measurement and Improvement Standards
- Grievance Systems—Subpart F Regulation

It is expected that each health plan will use the review findings and recommendations for operational systems improvement to become fully compliant with all standards and requirements.

Quality At A Glance

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva as well as through other avenues of data support the delivery of quality health care to the Medallion II population. The findings related to quality are reported in the following sections.

HEDIS

Three HEDIS measures served as proxy measures for clinical quality:

- Childhood Immunizations
- Adolescent Immunizations
- Breast Cancer Screening

Table 1 shows the results obtained by UNICARE.

Table 1. 2005 HEDIS Quality Measure Results for UNICARE

HEDIS Measure	2005 UNICARE Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status	58.5%	58.1%	61.8%
Adolescent Immunization Status	48.3%	49.7%	51.8%
Breast Cancer Screening	32.8%	51.4%	55.8%

UNICARE exceeded the Medallion II average for one quality measure and fell below the average for the two other measures. Also, UNICARE fell below the National Medicaid HEDIS average for all three measures. The results above display potential opportunities for improvement for UNICARE.

Performance Improvement Projects

In the area of PIPs, UNICARE used the quality process of identifying a problem relevant to its population, setting a measurement goal, obtaining a baseline measurement, and performing targeted interventions aimed at improving the performance. After the remeasurement periods, qualitative analyses often identified new barriers that affect success in achieving the targeted goal. Thus, quality improvement is an ever-evolving process focused on improving outcomes and health status.

UNICARE has implemented two PIPs:

- Improving Asthma Control
- Improving Diabetes Control

UNICARE's PIP aimed at improving asthma control addresses an important opportunity for improvement for UNICARE's member population based upon review of Medicaid HMO plan specific and national data. Asthma ranked in the top diagnoses for inpatient and admissions and outpatient claims and increases were evidenced in the number of enrollees with asthma.

UNICARE's PIP related to improving asthma control seeks to increase the rate of appropriate use of asthma controller medications and to decrease the overuse of reliever medications. This PIP, over time, addresses multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes. Use of appropriate asthma medications has been demonstrated to improve long-term control for individuals with asthma and, as such, serves as a proxy measure for changes in health status.

UNICARE conducted analysis and developed related interventions for each enrollee, provider, and administrative barrier identified. Interventions focused on both enrollee and provider education on

appropriate asthma management and treatment and physician notification of the asthma risk level of their UNICARE patients.

A quantitative analysis was performed following each re-measurement that compared result to goal/benchmark and prior performance, described reasons for any changes to goals, and identified any trends or changes in statistical significance. The quantitative analysis for re-measurement 1 was limited to comparison of the appropriate asthma medication rate to the established goal and benchmark. The CY 2004 rate of 59.52% did not meet the goal of 72.45%. While this decrease was not statistically significant at the $p<0.05$ level using the Chi-Square test, it did not meet the benchmark of 71.07%. There was no quantitative analysis of the overuse of reliever medication rate. The rate of overuse of reliever medications demonstrated a statistically significant decrease and was noted by UNICARE, however this indicator was not addressed. It is recommended that UNICARE ensure that the data analysis plan specified is followed for all PIP indicators including a quantitative and qualitative analysis, an interpretation of the extent to which the PIP was successful, and follow-up activities for each major barrier identified.

UNICARE also implemented a PIP related to improving diabetes control. UNICARE analyzed its Medallion II demographic and utilization data and compared performance on select measures with national data. UNICARE, in its analysis, identified that diabetes ranked 26th in the top 30 inpatient diagnoses and 28th of the top 30 outpatient diagnoses. Additionally, overall diabetes prevalence rates have increased across the state of Virginia and in ethnic groups, low-income populations, and females.

UNICARE, through its PIP related to improving diabetes control, seeks to improve two HEDIS comprehensive diabetes care rates, HbA1c and diabetic retinal eye exams. While this is considered to be a baseline review this PIP has begun to address, and will continue to do so over time, multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes. Improvement in HbA1c screening and diabetic retinal eye exam, a subset of HEDIS comprehensive diabetes care measures, has been identified as valid proxy measures for improved health status.

Enrollee/family, provider, and administrative barriers were identified by UNICARE. Based upon data that suggested physicians were not ordering an HbA1c screening test or diabetic retinal eye exam an intervention was proposed to increase the mailing of physician reminders regarding these tests. This intervention is in addition to ongoing initiatives focused on enrollee and other provider barriers that were previously identified. These interventions appear reasonable based upon the barriers that have been identified.

Table 2 provides a summary of data results for both PIPs conducted by UNICARE.

Table 2: PIP Performance Results

PIP Activity	Indicator	Baseline	Remeasurement
Improving Asthma Control	Quantifiable Measure #1: Percentage of eligible members who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines in the measurement year. Quantifiable Measure #2: Percentage of eligible members filling 8 or greater reliever medication (short acting beta-agonists) prescriptions during the measurement year.	2004: QM#1: 64.15% QM#2: 59.52%	2005: QM#1: 60.38% QM#2: 7.44%
Improving Diabetes Control	Quantifiable Measure #1: Percentage of eligible members who received one or more HbA1c tests during the measurement year. Quantifiable Measure #2: Percentage of eligible members who received a diabetic retinal eye exam during the measurement year.	2004: QM#1: 82.46% QM#2: 33.63%	2005: QM#1:78.74% QM#2: 32.85%

Operational Systems Review Findings

Within the operational systems review component of the quality review, UNICARE was reassessed specifically in the following areas:

Enrollee Rights and Protections—Subpart C Regulations

- ER1. Enrollee Rights and Protections-Staff/Provider
- ER6. Advanced Directives

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA3. 438.206 Availability of Services (b) (3)
- QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests
- QA27. 438.240 (b) (2) Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services

Grievance Systems—Subpart F Regulations

- GS4. 438.404 (b) Content of Notice of Action
- GS6. 438.406 Handling of Grievances and Appeals—Special Requirements for Appeals

UNICARE performed well in the areas of enrollee rights and protections- staff/provider, availability of services, coverage and authorization of services, basic elements of QAPI program, content of notice of

action, and handling of grievances and appeals. Policies and procedures were revised for compliance in the areas shown above. An example of a significant area where UNICARE has performed successfully in this review is with enrollee rights and protections. UNICARE has written policies/procedures regarding enrollee rights and responsibilities. Also, UNICARE has restrictions on enrollee's freedom of choice among network providers. This policy outlines procedures to support enrollee access to any qualified family planning clinic or provider without a prior authorization even if that provider is not part of the UNICARE network. UNICARE has procedures for sharing information with enrollees—that they are not liable for payment in case of MCO solvency. Another area of strength for UNICARE is availability of services. UNICARE has policies and procedures to provide for a second opinion from a qualified health care professional within the network, or to provide for the enrollee to obtain one outside the network, at no cost to the enrollee.

UNICARE was found to have opportunities for improvement in the area of advanced directives. For advanced directives relating to policies and procedures to inform enrollees that they may obtain a second opinion from a qualified health care professional within the network or outside the network if necessary at no cost to enrollee; a recommendation was provided. The recommendation for improvement suggests that UNICARE its policy and procedure entitled, Second Medical Opinion policy to include how it will communicate the availability of a no cost second opinion and procedures for requesting one to enrollees.

Only one element was partially met after review of UNICARE's documents; however eight elements changed to met status since the last review. There were no unmet elements found in the review. Most of the improvement areas were addressed within twelve months of the audit review period. UNICARE effectively implemented the recommendations for quality improvement and corrected each area by this review period. The rapid correction of the previous review's opportunities for improvement is evidence that UNICARE has a strong oversight process and commitment to improving care and services to its members.

Summary of Quality

UNICARE demonstrates a quality-focused approach in administering care and services to its members. The plan exhibits an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. The health plan also focuses resources towards evaluating the interventions that provide the most benefit towards improvement needs. Opportunities for improvement are evident in the area of quality pertaining to HEDIS measures.

Access At A Glance

Access to care and services historically has been a challenge for Medicaid recipients enrolled in fee-for-service programs. Access is an essential component of a quality-driven system of care. The intent of the Medallion II program is to improve access to care. One of DMAS's major goals in securing approval of the 1915(b) Medicaid waiver application was to develop managed care delivery systems that would remove existing barriers for Medicaid recipients, thereby improving their overall health status, increasing their quality of life,

and reducing costly health expenditures related to a fragmented system of care. The findings with regard to access are discussed in the following sections.

HEDIS

From a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure:

- Timeliness of Prenatal Care
- Postpartum Check-up Following Delivery

Table 3 shows the results obtained by UNICARE.

Table 3: 2005 HEDIS Access Measure Results for UNICARE

HEDIS Measure	2005 UNICARE Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	**75.5%**	**82.8%**	**76.0%**
Postpartum Check-up Following Delivery	**47.7%**	**57.8%**	**55.2%**

UNICARE scored below the Medallion II average and the National Medicaid HEDIS average for the "Postpartum Check-up Following Delivery" rate and the "Timeliness of Prenatal Care" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results regarding access appear to be weaknesses for UNICARE and illustrate opportunities for improvement.

Performance Improvement Projects

UNICARE's PIPs focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were also examined. The identification of access barriers was found in UNICARE's PIPs aimed at both improving asthma and diabetes control. Barriers were identified related to member and provider lack of awareness of benefits of consistent focus on chronic diseases, such as asthma and diabetes. Interventions focused on both enrollee and provider education on appropriate asthma management and treatment and physician notification of the asthma risk level of their UNICARE patients. Additionally, interventions focused on member knowledge of services available to help manage the diabetes condition, as well as, physician knowledge of UNICARE diabetes resources and materials available to members and providers and recommended guidelines for diabetes.

Operational Systems Review Findings

Delmarva's operational systems review of UNICARE showed that the following review requirements were reexamined and reflected adequate proxy measures for access:

Enrollee Rights and Protections—Subpart C Regulations

- ER5. Emergency and Post-Stabilization Services (438.114, 422.113c)

Through a desk review conducted for UNICARE, Delmarva comprehensively reassessed one element from the previous year's review that was deficient and found that the area has improved to met status within the year prior to this review. There were no partially met or unmet elements found in this review. UNICARE performed well in the area of emergency and post-stabilization services. UNICARE has provided enrollees with locations of settings that furnish emergency and post-stabilization services. Policies and procedures were revised prior to this review to ensure compliance within this area.

After completion of the review, Delmarva conducted an assessment of UNICARE corrective action process. UNICARE effectively implemented recommendations related to the element found to be partially met and corrected the element within twelve months of the report findings.

Summary of Access

Overall, access is an area that yields opportunity for UNICARE particularly regarding the HEDIS measures. However, combining all the data sources used to assess access, UNICARE addressed many of the areas where the health plan displayed vulnerability and corrected identified access issues furthering the health plan in its goal to implement a managed care delivery systems that addresses existing barriers for Medicaid recipients.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal, established by DMAS for the systems of care that serve Medallion II recipients. The findings related to timeliness are revealed in the sections to follow.

HEDIS

Timeliness of care was investigated in the results of the following HEDIS measures:

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visits

All Medallion II managed care plans were required to submit these measures. Table 4 shows the results obtained by UNICARE.

Table 4: 2005 HEDIS Timeliness Measure Results for UNICARE

HEDIS Measure	2005 UNICARE Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	**47.5%**	**35.0%**	**45.3%**
Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	**62.5%**	**59.7%**	**60.5%**
Adolescent Well-Care Visits	**31.5%**	**31.0%**	**37.4%**

The "Well Child Visits in the First 15 Months of Life" and the "Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life" measures exceeded the Medallion II and National Medicaid HEDIS averages. The "Adolescent Well-Care Visits" measure exceeded the Medallion II Average; however fell below the National average.

Performance Improvement Projects

Timeliness was a focal area of attention in UNICARE's PIPs. Member focused efforts consisted of assuring that members were educated about key features of diabetes disease management and asthma. Barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. UNICARE's PIPs, aimed at improving asthma and diabetes control, are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Operational Systems Review Findings

Delmarva's desk review findings showed that the following review requirements were reassessed and reflect adequate proxy measures for timeliness:

Grievance Systems—Subpart F Regulations

- GS8. 438.408 Resolution and Notification: Grievances and Appeals—Expedited Appeals
- GS9. 438.408 (b-d) Resolution and Notification
- GS10. 438.408 (c) Requirements for State Fair Hearings
- GS11. 438.410 Expedited Resolution of Appeals, GS. 438.424 Effectuation of Reversed Appeal Resolutions

UNICARE performed well in the areas of resolution and notification, requirements for state fair hearings, and expedited resolution of appeals. Policies and procedures were revised for compliance in the areas shown above. An example of a significant area where UNICARE has performed successfully in this review is with resolution and notification. UNICARE has a process for extension, and for notifying enrollees of reason for delay. Also, for decisions not wholly in favor of enrollee, UNICARE provides the enrollee with the right to request a state fair hearing and how to do so, and the right to request to receive benefits while the hearing is pending and how to make the request, explaining that the enrollee may be held liable for the cost of those services if the hearing decision upholds the MCO. Another area of strength for UNICARE relates to expedited resolution of appeals. UNICARE must and will authorize the disputed services promptly and as expeditiously as the enrollee's health condition requires in cases where UNICARE or State Fair Hearing Department reverses a decision to deny, limit, or delay services, in cases where those services were not rendered. Also, UNICARE will provide reimbursement for those services in accordance with terms of final agreement by state's appeal division.

UNICARE effectively addressed the six elements identified as deficient in the previous review, which have all now evolved to met status. UNICARE corrected all of the timeliness related deficiencies within twelve months, which displays their commitment to continuous improvement.

Summary for Timeliness

UNICARE demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service through the identification of timeliness barriers, which are often identified as access issues. Overall, timeliness is an area of strength for UNICARE and supports the health plan's intent as a quality-driven system of care.

Overall Strengths

Quality:

- Commitment of UNICARE management staff towards quality improvement as evidenced by the rapid response and resolution of most the deficiencies cited during the operational systems review.
- UNICARE met the majority of the re-assessed quality elements for the operational systems review.
- Information system capabilities for performance measures to include data capture, general information systems, centralized processing of data, provider data, data sharing, and eligibility programming.
- Reporting methods for performance measures include staff experience, communication, documentation, and a team approach.
- Improvements realized since baseline related to the rate of overuse of asthma reliever medications underscoring the disease management program interventions implemented to address barriers identified which positively impacted care over time.

Access:

- Recognition by UNICARE that quality of care issues are impacted by access barriers.
- UNICARE met the one re-assessed element for the operational systems review.

Timeliness:

- UNICARE met all of the re-assessed timeliness elements for the operational systems review.
- UNICARE demonstrates better results for well child visits than the Medallion II program in aggregate and the Medicaid program nationally.
- UNICARE's partnership with the practitioner network to address education about asthma and diabetes in the member population.

Recommendations

This section offers DMAS a set of recommendations to build upon identified strengths and to address the areas of opportunity within the existing programs. These recommendations draw from the findings of those data sources individually and in the aggregate. Delmarva's recommendations for UNICARE are as follows:

- UNICARE is encouraged to continue efforts to increase data completeness.
- UNICARE is encouraged to continue employing successful performance measure reporting tactics.
- General quality improvement and teamwork training is also recommended as these skills will likely lead to efficiencies in performance measure reporting.
- Improve documentation of processes and methodologies to assist during staff changes would be beneficial.
- Develop standardized provider data entry protocols and methodologies to identify locations of member medical records could reduce the need for multiple unsuccessful medical record chases.
- Develop or revise policies and procedures of the elements found to be deficient and/or make appropriate improvements in order for the deficiencies to be met in next year's EQRO review.
- Perform periodic monitoring within the areas identified in the operational systems review as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low rated measures identified by HEDIS.
- Assess the disparities in quality of care and/or services among differing ethnic population within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform root cause analyses for project interventions that fail to improve performance. This activity will enable UNICARE to better identify barriers to change and more effectively allocate resources to achieve systemic improvements.
- Conduct ongoing analysis of factors for sustained improvements related to asthma and diabetes PIPs.

References:

1. Centers for Medicare and Medicaid Services (CMS). (2002, June). *Final Rule: Medicaid Managed Care; 42 CFR Part 400, et.al. Subpart D- Quality Assessment and Performance Improvement.* Retrieved December 9, 2004, from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/f4289.pdf

2. Centers for Medicare and Medicaid Services (CMS). (2003, January). *Final Rule: External Quality Review of Managed Care Organizations and Prepaid Inpatient Health Plans; 42 CFR Part 438.300 et.al.* Retrieved November 1, 2004 from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/eqr12403.pdf

3. Institute of Medicine (IOM), Committee on the National Quality Report on Health Care Delivery, Board on Health Care Services. (2001). *Envisioning the National Health Care Quality Report.* Retrieved February 24, 2005, from the National Academies Press website: http://www.nap.edu/html/envisioning/ch2.htm

4. National Committee for Quality Assurance (NCQA). (2003). *Standards and Guidelines for the Accreditation of MCOs.*